

Certification of Inspection

Date: 2/12/96

Name of Facility: Bayway Refinery Company

Street Address: 1400 Park Avenue

City: Linden State: NJ ZIP: 07036

Phone No.: (908) 523-6089

Name of contact on site: Rich Klawunn

Site Contact:

I attest that the above named facility was inspected on the date above. This is not to imply support of or disagreement with any reported findings during the course of the inspection.

Inspector(s) Certification:

I (we) certify that the above named facility was inspected on the date listed:

Jerry Thom

Supervisor's Certification:

I certify that this inspection report has been reviewed for its completeness and content:

[Signature]

Date: 2/28/96

Multi-media Inspection of Bayway Refinery Company

Derval Thomas
Hazardous and Solid Waste Programs Branch

Dit Cheung
Hazardous and Solid Waste Programs Branch

On February 12, 1996, I participated in the multi-media inspection of Bayway Refinery Company in Linden, NJ. This memo is a report of my inspection, findings, and recommendation.

Facility

Bayway Refinery Company
1400 Park Avenue
Linden, New Jersey

Background

Bayway Refinery is a multi-faceted facility and its primary purpose is to refine crude oil and wholesale it to several distributors. The facility uses USTs to store petroleum products on the premises for its car fleet and to temporarily store used oil.

Inspection

I arrived at the facility at approximately 2PM and met with Mr. Rich Klawunn and his supervisor, Mr. Bruce Jones. After introducing ourselves, I reviewed some documents which proved the facility is currently registered and will remain so until 1998.

There are four USTs, each double-walled and contains diesel, gasoline, used oil, and a mixture of diesel and heating oil. Each of the USTs is made of FRP and the 8,000 and 10,000 gallon tanks are equipped with spill and overfill protection as they were installed after December 1998. The facility uses interstitial monitoring as its method of choice for leak detection and I reviewed documents which proved that monthly monitoring is being done on all tanks.

FINDINGS

All the USTs are in compliance with the UST regulations as leak detection is being done monthly and corrosion protection is also being utilized. No pipes are attached to the tank containing used oil because it is used for temporary storage and a truck comes to the facility to pick it up.

RECOMMENDATION

The facility is in compliance and no action is necessary.

Leak Detection Inspection Checklist

I. Ownership of Tank(s)

Owner Name (Corporation, Individual, Public Agency, or other entity):

Rayway Refining Company

Street Address 1460 Park Avenue

County Union

City London

State NY

Zip Code 07036

Area Code (908)

Phone Number 523

6089

Contact Person At UST Location

Phone #

II. Location of Tank(s)

(If same as Section I, check here ☒)

Facility Name or Company Site Identifier, as applicable

Street Address or State Road, as applicable

County

City (nearest)

State

Zip Code

Number of Tanks at This Location:

Facility ID#: 0010469

III. Tank Information

Please complete all information for each tank. If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional tanks.

Tank presently in use	Tank 1	Tank 2	Tank 3	Tank 4
If not, date last used				
If emptied, verify 1" or less of product in tank				
Month and Year Tank Installed (E-estimate or K-known)	<u>8/89</u>	<u>4/94</u>	<u>12/87</u>	<u>12/87</u>
Material of Construction (E-estimate or K-known)	<u>FRP</u>	<u>FRP</u>	<u>FRP</u>	<u>FRP</u>
Capacity of Tank (in gallons) (E-estimate or K-known)	<u>8,000 Gal.</u>	<u>10,000 Gal.</u>	<u>1000 Gal.</u>	<u>2,020 Gal.</u>
Substance Stored (E-estimate or K-known)	<u>Gasoline</u>	<u>Diesel</u>	<u>Used oil</u>	<u>Drum/kegs</u>

IV. A. Release Detection For Tanks

Check the release detection method(s) used for each tank or N/A if none required.

Manual Tank Gauging (only for tanks under 1,000 gal.)				
Manual Tank Gauging and Tank Tightness Testing (only for tanks under 2,000 gal.)				
Tank Tightness Testing and Inventory Control				
Automatic Tank Gauging				
Vapor Monitoring				
Groundwater Monitoring				
Interstitial Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other approved method (write in name of method)				

IV. B. Release Detection For Piping

Check the release detection method(s) used for piping.

Check One Type of Piping for each Tank	Pressurized Piping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Suction Piping			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Automatic Line Leak Detectors, and (check one of the following)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Vapor Monitoring					
Groundwater Monitoring					
Secondary Containment with Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Line Tightness Testing					

IV. C. Corrosion and Spill/Overfill Protection

Corrosion protection installed (indicate date)

Yes, see installation date above

Spill/Overfill protection installed (indicate date)

at installation for tanks 1,2.

V. Site Information

General site observations and comments (vicinity observations, ground water level, etc.)

I, DERVAL THOMAS

(print name)

certify that I have inspected the above named facility on

2/12/96

month, day, year, time

Inspector's Signature

Derval Thomas

Date:

2/22/96

810050-1

* This tank doesn't have any pipes attached to it, rather the waste oil truck pumps oil from it.

Interstitial Monitoring

Manufacturer and name of system: Pollairex Inc.

Date system installed: at installation

Materials used for secondary containment FRP

Materials used for internal lining: _____

Interstitial space is monitored (Circle one): automatically, continuously or on a monthly basis.

If tank is of double-walled construction, what is material of construction? FRP

Comments: _____

If piping is of double-walled construction, what is material of construction? FRP

Comments: _____

Please answer yes or no for each question

All tanks in system are fitted with secondary containment and interstitial monitoring.	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	N/A <input type="checkbox"/>
Documentation of monthly readings is available for last 12 months.	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	N/A <input type="checkbox"/>
Monitoring method is documented as capable of detecting a leak as small as .1 gal./hr. with at least a 95% probability of detection and a probability of false alarm of no more than 5%.	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	N/A <input type="checkbox"/>
System is designed to detect release from any portion of UST system that routinely contains product.	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	N/A <input type="checkbox"/>
Secondary barrier constructed from artificially constructed material, with permeability to substance $\leq 10^{-4}$ cm/sec.	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	N/A <input type="checkbox"/>
Secondary barrier is compatible with the regulated substance stored and will not deteriorate in presence of that substance.	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	N/A <input type="checkbox"/>
Secondary barrier does not interfere with operation of cathodic protection system.	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	N/A <input type="checkbox"/>
If monitoring wells are part of leak detection system, monitoring wells are clearly marked and secured to avoid unauthorized access and tampering.	yes <input type="checkbox"/>	no <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Maintenance and calibration documents and records are available and indicate appropriate maintenance procedures for system have been implemented.	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	N/A <input type="checkbox"/>
Tank is fitted with internal bladder to achieve secondary containment.	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	N/A <input type="checkbox"/>
Excavation is lined with impervious artificial material to achieve secondary containment.	yes <input type="checkbox"/>	no <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, secondary barrier is always above groundwater.	yes <input type="checkbox"/>	no <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If no, secondary barrier and monitoring designs are for use under such conditions.	yes <input type="checkbox"/>	no <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Interstitial space is monitored manually on monthly basis.	yes <input type="checkbox"/>	no <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, equipment used to take readings is accessible and functional.	yes <input type="checkbox"/>	no <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Monitoring Box, if present is operational.	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	N/A <input type="checkbox"/>

Comments: _____

I, DERVAL THOMAS certify that I have inspected the above named facility on 2/12/96
(print name) month, date, year
 Inspector's Signature: Derval Thomas Date: 2/22/96

Leak Detection for Piping

Manufacturer and name of system: Pollux Inc.

Third-party evaluators: _____

Pressurized Piping. A method must be selected from each set. Where applicable indicate date of last test.

Set 1	Tank 1	Tank 2	Tank 3	Tank 4
Automatic Flow Restrictor				
Automatic Shut-off Device				
Continuous Alarm System				
and				
Set 2				
Annual Line Tightness Testing				
Vapor Monitoring				
Interstitial Monitoring	✓	✓		
Ground-Water Monitoring				
Other Approved Method (specify in comments section)				

Suction Piping Indicate date of most recent test

Line Tightness Testing (required every 3 yrs.)				
Vapor Monitoring				
Secondary Containment with Interstitial Monitoring				
Ground-Water Monitoring				
Other Approved Method (specify in comments section)				
No Leak Detection Required (must answer yes to all of the following questions)			✓	✓
Operates at less than atmospheric pressure				✓
Has only one check valve, which is located directly under pump				✓
Slope of piping allows product to drain back into tank when suction released				✓
All above information on suction piping is verifiable				✓

In this space, or on the back of this sheet, please sketch the site, noting all piping runs, tanks; and approximate distances.

Comments: _____

I, DERVAL THOMAS
(print name)

certify that I have inspected the above named facility on

2/12/96
month, date, year

Inspector's Signature: Derval Thomas

Date: 2/22/96

* This tank doesn't have any pipes attached to it, rather the waste oil truck pumps oil from it.

Bayway Refining Company
a subsidiary of Tosco Corporation
1400 Park Avenue
Linden, New Jersey 07036

New Jersey Department of Environmental
Protection and Energy
Division of Responsible Party Site Remediation
Bureau of Applicability and Compliance
CN028
Trenton, N.J. 08625-0028
Attention: Sarah Mihalik

May 26, 1994

Certified Mail - RRR
P 290 139 532

Registration and Certification
UST Registration No. 0010469

Dear Ms. Mihalik,

As requested in your letter of April 28th, attached is the completed Underground Storage Tank Registration Questionnaire covering the new 10,000 gallon diesel fuel tank recently installed at the Bayway Refinery. This form also includes the tank information on all regulated UST's at the Bayway Refinery, UST Registration No. 0010469. I have included this information to insure the Department has a complete listing of our remaining UST's, given our recent consolidation of 2 registration numbers (0010469 and 0082820) into one, and our recent UST removal/replacement activities.

Also included is an Annual Certification Questionnaire.

If you have any questions or require further information, please contact me at (908) 523-6089.

Very truly yours.



R. E. Klawunn
Environmental Engineer

| Attachments

|



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CN 02
Trenton, N.J. 08625-002



FOR STATE USE ONLY

UST # _____

	YES	NO
CK. IN.	<input type="checkbox"/>	<input type="checkbox"/>
AMT.	<input type="checkbox"/>	<input type="checkbox"/>
AUTH.	<input type="checkbox"/>	<input type="checkbox"/>
SP. ROUTE	<input type="checkbox"/>	<input type="checkbox"/>
SITE PLN.	<input type="checkbox"/>	<input type="checkbox"/>
SIGN.	<input type="checkbox"/>	<input type="checkbox"/>

COMCODE

*** ANNUAL CERTIFICATION ***

UNDERGROUND STORAGE TANK
REGISTRATION QUESTIONNAIRE

Bureau of Underground Storage Tanks
Registration Section

Use this form ONLY when submitting corrections/changes to registration at Annual Certification

General Facility Information

1. Facility Name **BAYWAY REFINERY**

2. Facility Location **1400 PARK AVENUE**
LINDEN
UNION **NJ** **07036**
BLOCK LOT (Various)
COUNTY STATE ZIP CODE

3. Owner's mailing address: **1400 PARK AVENUE**
LINDEN
UNION **NJ** **07036**
COUNTY STATE ZIP CODE

4. Owner's name: **BAYWAY REFINING COMPANY**

5. Contact person (Facility Operator) **RICHARD KLAWUNN**
PERSON OR TITLE

6. Contact telephone number: **908** **523** **6089**
AREA CODE CHANGE NUMBER

7. Total number of facility underground storage tanks **0004** (Complete Questions 12 thru 32 for each tank)

8. Total facility underground storage tank capacity (gallons) **0021000**

9. Status of owner: (mark one)
A. ☒ CURRENT B. ☐ FORMER

10. Type of owner (mark one) A. ☐ State B. ☒ Commercial C. ☐ Local D. ☐ Federal E. ☐ Charitable F. ☐ Residence G. ☐ Ownership or Public School Uncertain

11a. Two copies of a site plan are submitted with this registration A. ☒ YES B. ☐ NO

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted. In either case the site plan or sketch MUST show the location and distances that tanks, buildings, and dispensers are from the facility's property boundary. Include all tanks that are: E (existing/in use), P (empty), M (emergency), A (abandoned), C (other). Each underground tank on the site plan or sketch shall be numbered in accordance with the instructions for question 12. The number assigned to a tank on the site plan or sketch MUST match and be identical to the tank identification number assigned to that tank on this form.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

11b. Do you have financial responsibility assurance? ☒ YES ☐ NO

Financial Test of Self-Insurance

(Type)

Not Applicable

(Policy Number)

Bayway Refining Company

(Company/Carrier)

April 30, 1995

(Expiration Date)

ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

SPECIFIC TANK INFORMATION

	TANK NO. E 0 0 1		TANK NO. E 0 0 2		TANK NO. E 0 0 3		TANK NO. E 0 0 4		TANK NO. [][][][]	
12. Tank Identification number										
13. CAS number (hazardous substances only)										
14. Tank age (years)	0, 5		0, 0		0, 7		0, 7			
15. Tank size (gallons)	0, 080, 00		0, 100, 00		0, 010, 00		0, 020, 00			
16. Tank contents (MARK ONE X)										
A. Leaded gasoline	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. Unleaded gasoline	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. Alcohol enriched gasoline	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
F. Waste oil	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
G. Kerosene (No. 1)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
H. Home heating oil (No. 2)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
J. Heating oil (No. 4)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
K. Heavy heating oil (No. 6)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
L. Aviation fuel	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
M. Hazardous substances (please specify)										
N. Motor oil	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
P. Lubricating Oil	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Q. Sewage	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
R. Sewage sludge	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
S. Hazardous waste (specify ID number)										
T. Industrial wastewater	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
U. Mineral spirits	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
V. Mixtures (please specify)										
W. Emergency spill tank (specify substance)	Unleaded gasoline No. 2 heating oil, diesel									
X. Other petroleum products (please specify)										
Y. Other (please specify)										
17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Carbon steel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Iron (cast or ductile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Cathodically protected steel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Fiberglass-coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Other metallic (please specify)										
J. Fiberglass-reinforced plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other non-metallic (please specify)	Nylon reinforced plastic piping									
L. Other (please specify)										
18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Double wall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Manway in tank	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Internal tank and piping lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. YES (please specify type of material)										
B. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank I.D. No.	TANK NO. 0001		TANK NO. 0002		TANK NO. 0003		TANK NO. 0004		TANK NO. [][]	
20. Tank and piping lining installed (MARK ONE X)										
A. At purchase of tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Retrofitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Double wall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other (please specify)										
22. External type/application of cathodic protection (MARK ALL THAT APPLY X)										
A. Sacrificial anode	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Other (please specify)										
23. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Manual sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ground water monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. System in secondary containment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. System outside backfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. System within piping (piping leak detector)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. System within backfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Event activated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Audio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. In-tank (automatic) monitoring gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Pressure/vacuum loss sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Liquid filled annular space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Liquid sensor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Vapor sniff wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other (please specify)										
L. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Within the past 1 to 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. More than 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. No Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank I.D. No.	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
	0001	0002	0003	0004	

27. Tank status (MARK ONE X)

A. In-use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
† B. Empty less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† C. Empty 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† D. Emergency spill tank (sump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other (please specify)					

28. Spill recovery system on-site (MARK ONE X)

A. Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Overfill protection (tank only) (MARK ONE X)

A. Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (1)	<input checked="" type="checkbox"/> (2)	<input type="checkbox"/>

30. Spill containment around fill pipe (MARK ONE X)

A. Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (2)	<input checked="" type="checkbox"/> (2)	<input type="checkbox"/>

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below (1), Not required per NJAC 7:14B-4.1(c)3
(2) Not traditional fillpipe-inlet

31. Substance last used in tank (MARK ONE X)			hard piped.		
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					
32. Estimated date last used (month/year)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mo. Yr.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mo. Yr.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mo. Yr.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mo. Yr.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mo. Yr.

OWNER OR OPERATOR CERTIFICATION

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

Thomas J. Nimbley

(PRINT OR TYPE NAME)

Vice President and Refinery Manager

5/26/99

(DATE)

Because of the limitations imposed by the manner in which information is collected, there is no one person who has direct knowledge of all of the information used to prepare this document, and who as overall responsibility for all of the information contained in this document; however, based on the above and my review of the information transmitted in this document, I have executed the above



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CN 02
Trenton, N.J. 08625-002



UST #	
CK. IN.	YES <input type="checkbox"/>
AMT.	<input type="checkbox"/>
AUTH.	<input type="checkbox"/>
SP. ROUTE	<input type="checkbox"/>
SITE PLN.	<input type="checkbox"/>
SIGN.	<input type="checkbox"/>
COMCODE	<input type="checkbox"/>

*** ANNUAL CERTIFICATION ***
UNDERGROUND STORAGE TANK
REGISTRATION QUESTIONNAIRE

Bureau of Underground Storage Tanks
Registration Section

Use this form ONLY when submitting corrections/changes to registration at Annual Certification

General Facility Information

1. Facility Name **BAYWAY REFINERY**
2. Facility Location **1400 PARK AVENUE**
NUMBER AND STREET
LINDEN
CITY OR MUNICIPALITY
UNION **NJ** **07036**
COUNTY STATE ZIP CODE
BLOCK LOT (Various)
3. Owner's mailing address: **1400 PARK AVENUE**
NUMBER AND STREET
LINDEN
CITY OR MUNICIPALITY
UNION **NJ** **07036**
COUNTY STATE ZIP CODE
4. Owner's name: **BAYWAY REFINING COMPANY**
5. Contact person (Facility Operator) **RICHARD KLAWUNN**
PERSON OR TITLE
6. Contact telephone number: **908** **523** **6089**
AREA CODE CHANGE NUMBER
7. Total number of facility underground storage tanks **0004** (Complete Questions 12 thru 32 for each tank)
8. Total facility underground storage tank capacity (gallons) **0021000**
9. Status of owner: (mark one)
A. ☒ CURRENT B. ☐ FORMER
10. Type of owner A. ☐ State B. ☒ Commercial C. ☐ Local D. ☐ Federal E. ☐ Charitable F. ☐ Residence or Public School G. ☐ Ownership Uncertain
- 11a. Two copies of a site plan are submitted with this registration A. ☒ YES B. ☐ NO

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted. In either case the site plan or sketch MUST show the location and distances that tanks, buildings, and dispensers are from the facility's property boundary. Include all tanks that are: E (existing/in use), P (empty), M (emergency), A (abandoned), C (other). Each underground tank on the site plan or sketch shall be numbered in accordance with the instructions for question 12. The number assigned to a tank on the site plan or sketch MUST match and be identical to the tank identification number assigned to that tank on this form.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

- 11b. Do you have financial responsibility assurance? ☒ YES ☐ NO

Financial Test of Self-Insurance

(Type)

Not Applicable

(Policy Number)

Bayway Refining Company

(Company/Carrier)

April 30, 1995

(Expiration Date)

ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

SPECIFIC TANK INFORMATION

	TANK NO. E 0 0 1	TANK NO. E P P 2	TANK NO. E 0 0 3	TANK NO. E 0 0 4	TANK NO. [] [] [] []
12. Tank Identification number					
13. CAS number (hazardous substances only)					
14. Tank age (years)	0, 5	0, 0	0, 7	0, 7	
15. Tank size (gallons)	0, 080, 00	0, 100, 00	0, 010, 00	0, 020, 00	
16. Tank contents (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (please specify)					
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					
17. Tank and piping construction (MARK ALL THAT APPLY X)					
A. Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Carbon steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. Iron (cast or ductile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Cathodically protected steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Fiberglass-coated steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Other metallic (please specify)					
J. Fiberglass-reinforced plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other non-metallic (please specify)					
L. Other (please specify)					
18. Tank and piping structure (MARK ALL THAT APPLY X)					
A. Single wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Double wall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Manway in tank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Internal tank and piping lining (MARK ONE X)					
A YES (please specify type of material)					
B. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Unleaded gasoline
No. 2 heating oil, diesel

Nylon reinforced
plastic piping

Tank I.D. No.	TANK NO. 0001		TANK NO. 0002		TANK NO. 0003		TANK NO. 0004		TANK NO.	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
20. Tank and piping lining installed (MARK ONE X)										
A. At purchase of tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Retrofitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Double wall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other (please specify)										
22. External type/application of cathodic protection (MARK ALL THAT APPLY X)										
A. Sacrificial anode	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Other (please specify)										
23. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Manual sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ground water monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. System in secondary containment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. System outside backfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. System within piping (piping leak detector)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. System within backfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Event activated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Audio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. In-tank (automatic) monitoring gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Pressure/vacuum loss sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Liquid filled annular space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Liquid sensor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Vapor sniff wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other (please specify)										
L. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Within the past 1 to 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. More than 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. No Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank I.D. No.	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
	0001	0002	0003	0004	

27. Tank status (MARK ONE X)

A. In-use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
† B. Empty less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† C. Empty 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† D. Emergency spill tank (sump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other (please specify)					

28. Spill recovery system on-site (MARK ONE X)

A. Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Overfill protection (tank only) (MARK ONE X)

A. Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

30. Spill containment around fill pipe (MARK ONE X)

A. Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (2)	<input checked="" type="checkbox"/> (2)	<input type="checkbox"/>

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below. (1) Not required per NJAC 7:14B-4.1(c)(1); (2) Not traditional fillpipe-inlet hard piped.

31. Substance last used in tank (MARK ONE X)

A. Lead gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					

32. Estimated date last used (month/year)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.

OWNER OR OPERATOR CERTIFICATION

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

Because of the limitations imposed by the manner in which information is collected, there is no person who has direct knowledge of all of the information used to prepare this document, and who has overall responsibility for all of the information contained in this document; however, based on the above and my review of the information transmitted in this document, I have executed the a

Thomas J. Nimbley
(SIGNATURE)

Thomas J. Nimbley

(PRINT OR TYPE NAME)

Vice President and Refinery Manager

5/26/94
(DATE)